BRIGHAM CITY RECREATION REGISTRATION FORM FOR

Youth Tennis

Participant	t's Name:			
Address:				
(street) (city)			ity)	
Age as of 3	Age as of Jan 1 Have you taken tennis lessons before? Y 1			
Home Pho	ome Phone: Cell Phone:			
Email Add	lress:	· · · · · · · · · · · · · · · · · · ·	 	
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_	•	ot provide any insurance f have coverage of their own		
medical or hos	pital care that may be rend	nt: I, on behalf of my child, here ered by a physician or hospital. There ereve the life, limb, or well being	This care may be given under	
Sessions:	June 8th–June 18 th	\Box June 22^{nd} – July 2^{nd}	\Box July $13^{th} - 23^{rd}$	
Times:	8am (13 -16 years)	□ 9am (7-9 years) □	10am (10-12 years)	
♦ ♦ ♦ ♦ ♦ FEE : □ \$30.00	· • • • • • • • • • •	• • • • • • • • • • • • •	• • • • • • • • • • •	
Δ ψ50.00	****Make C	hecks Payable to E	SCC****	
* * * * * *	*****	******	• • • • • • • • • • • • • • • • • • •	
inherent risks, activities beyon and warning singular outweigh any in Brigham City and/or inherent responsibility to I furtlipromotional, etc.	particularly if my child fa nd his or her abilities. I w igns. Knowing these risks risk associated with this ac Corporation and its agents at risks associated with to keep my child from partic her consent to allow my consecutive television, radio	nt Consent & Photo War tate in Tennis. I understand Ten- tils to follow written warnings or will specifically look for and instractions, I believe that the benefits of materials. Individually, and on behas and employees from all claims my child's participation. I for iterating in any activity beyond had thild's picture or likeness to apport or film coverage of the Recreativity herein, without compensations.	verbal instructions or engages averbal instructions or engages uct my children on these dangly child's participation in Tenalf of my child, I agree to releast arising from known, reasonauther understand that it is it is or her abilities. ear in any official documentation Department in any man	ers nis ase ble my
	Date:			_
Signature of	Parent or Guardian			
♦ ♦ ♦ ♦ ♦ ♦ REFUNDS:	\$5.00 HANDLING FEE IF REQUEST FOR REFUND IS MADE BEFORE THE PROGRAM BEGINS 75% REFUND IF REQUEST FOR REFUND IS MADE AFTER 1 ST WEEK OF PROGRAM 50% REFUND IF REQUEST FOR REFUND IS MADE AFTER 2 ND WEEK OF PROGRAM 0% REFUND IF REQUEST FOR REFUND IS MADE AFTER 3 RD WEEK OF PROGRAM			
Staff Initial	s:			